

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO

10-0

PILING DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/		
2		/					52	/		
3		/					53	/		
4		/					54	/		
5							55	/		
6		/					56	/		
7							57	/		
8		/					58			
9		/					59			
10		/					60	/		
11		/					61			
12		/					62			
13		/					63			
14							64			
15		/					65			
16		/					66			
17		/					67			
18		/					68			
19		/					69			
20		/					70			
21		/					71			
22		/					72			
23		/					73			
24		/					74			
25							75			
26		/					76			
27							77			
28		/					78			
29							79			
30							80			
31		/					81			
32		/					82			
33		/					83			
34		/					84			
35		/					85			
36		/					86			
37		/					87			
38		/					88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.	54						TOTAL DEP.			
TOTAL CLAIMS	56						TOTAL CLAIMS			